3 GAL 264

THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 14. NEW YORK, OCTOBER 1, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic ferments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med.

3 Stimulates Natural Digestion.

"Pepsin often relieves a present difficulty; but Papoid, in addition, places the stomach in condition to digest the next meal. It is far better to make the stomach do its own work. Pepsin makes the stomach lazy; Papoid does not." (LARRABEE, Prof. Hospital College of Medicine, Louisville, Ky.)

4 Acts in Acid, Alkaline, or Neutral Media.

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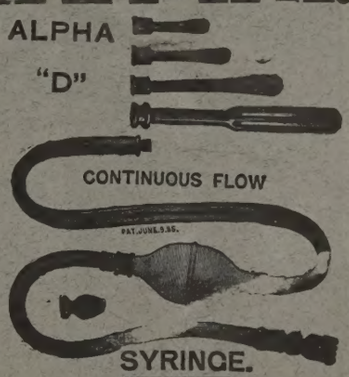

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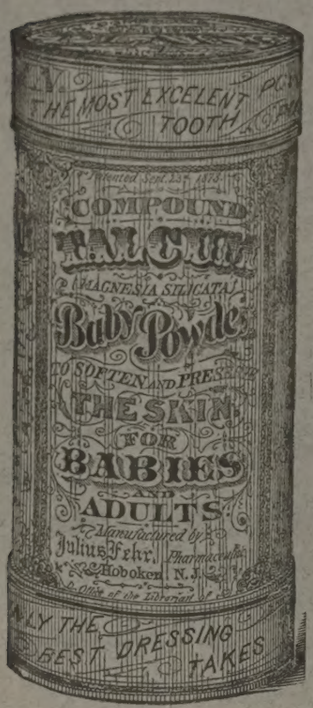

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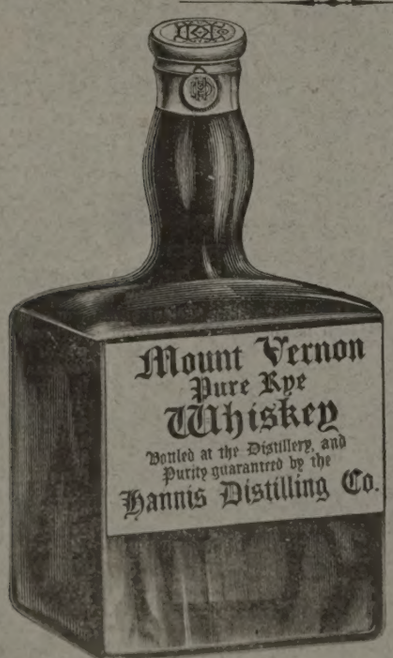

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See Outside Front Cover.

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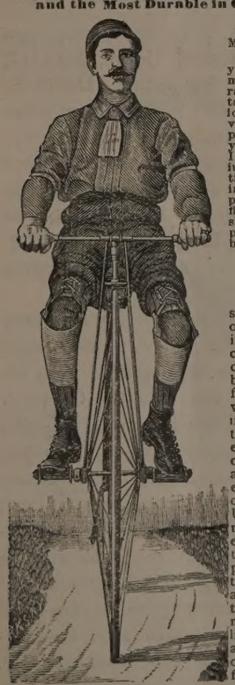

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It affords us much pleasure to present to our readers this week the first instalment of photographs which go to make up our gallery of eminent New York Physicians and Surgeons. We had intended to arrange the gentlemen entering into this collection, in sections, according to place of nativity, but when we began making the collection some weeks ago, we found that many of those worthy of the compliment had not returned from summer outings, hence we we were forced to abandon our original plan and resort to that of printing the photographs in the order in which they are received. We have more than forty in hand already and we hope to increase the number to sixty, at least. Next week we will print photographs of Thomas, Wyeth, Keyes, Bryant, Morrow, Claiborne, Harrison, O'Dwyer, Mundé, Goelet and others.

LEWIS A. SAYRE, M.D.

DR. Lewis Albert Sayre was born at Bottle Hill, now Madison, Morris County, N. J., February 29th, 1820, of Revolutionary stock—his grandfather, Ephraim Sayre, having been quartermaster in the army under Washington. Dr. Sayre was the son of Archibald and Martha Sayre, and received his early education at Wantage Seminary, Deckertown, Sussex County, N J., under the tuition of Edward A. Stiles, an accomplished scholar and graduate of Yale. At the age of ten, he was taken to Kentucky by his uncle, David A. Sayre, of Lexington, and there educated at Transylvania University under the Presidency of the late Lewis Marshall, from which he was graduated at the age of 19. His uncle designed him for the church, but having a strong and decided preference for the profession of medcine, he left Lexington and came to New York, where he entered the office of Dr. David Green, St. John's Park, N. Y., with whom he commenced his medical studies. Dr. Green was a clear-headed, practical man, and had an immensely large practice, much of it among the poor of the city, which afforded a fine field for clinical observation and the study of disease and its treatment. This was improved by the young student, giving him thereby a large amount of practical experience.

Dr. Sayre entered the College of Physicians and Surgeons, in the city of New York, then under the Presidency of John Augustine Smith, M. D., and was graduated from that institution in 1842. His thesis upon *Spinal Irritation* attracted much attention, and was published in the *Western Journal of Medicine and Surgery*, 1842, edited by Drs. Lunsford P. Yandell and Daniel Drake. He was appointed in the same year Prosector to the Professor of Surgery, by Dr. Willard Parker, College of Physicians and Surgeons, which position he held for the period of ten years, when finding his practice too large to enable him to perform the duties of the office properly, he resigned in July, 1852, and was appointed by Dr. Parker, Emeritus Prosector in the same institution.

Dr. Sayre has occupied the position of Professor of Orthopædic Surgery and Clinical Surgery in Bellevue Hospital Medical College, since the time of its organization in 1861. His opportunities for observation have been unsurpassed, and he has utilized them to the utmost in his teachings and practice. His style as a speaker and writer is terse, vigorous, and abounds with practical observations. There is something stalwart and intense in his manner and methods of illustration, while in practice he is always animated by the keenest sympathy and tenderest feeling for his suffering patient. Dr. Sayre does nothing at hap-hazard, all is carefully and thoughtfully planned beforehand; and he therefore rarely fails in diagnosis, prognosis, or

Peptonized Surgery.

Modern Surgery is now awakening to the fact that in surgery of the future, digestive ferments will play an important part, as now in many cases pepsin has successfully displaced the knife in the removal of blood coagula, sloughs, carious bone, etc., and is valuable as a wash for ulcers wounds, etc., from which it efectually removes all pus and unhealthy tissues.

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treatment. His practice is very large, and his influence in the profession is far-reaching, useful and eminently beneficent.

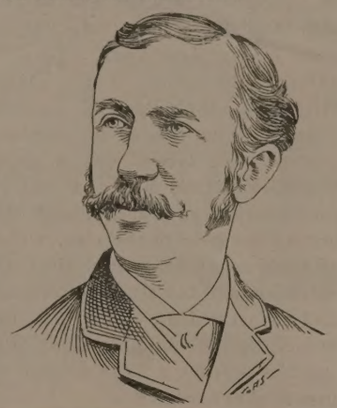
Dr. Sayre has also published a work on the treatment of Clubfoot, which is highly esteemed. His work on Orthopœdic Surgery is unquestionably the leading authority upon that branch of Surgery. The late Dr. Paul F. Eve, in his address upon surgery before the International Medical Congress held at Philadelphia, 1876, says: "Dr. Sayre has done more on this subject than any other American. His work just published is undoubtedly the best ever issued from the press."

Dr. Sayre received also recognition of his services abroad, having been decorated with the order of Wasa by Charles IV, of Norway and Sweden, in 1872, for his advice in the case of one of the Royal Family, where his knowledge of joint diseases proved most valuable, and for his contributions to science. The method of treatment of Potts' disease and laternal curvature of the spine which he has perfected and published, by suspension of the body and application of plaster of Paris bandages, created a new era in this department of surgery.

Dr. Sayre was appointed by the American Medical Association a delegate from that body to the British Medical Association, which met in Manchester in 1877. While in London he was invited to lecture upon his new method of treatment, and demonstrated at University College Hospital, Guy's, St. Bartholomew's, St. Thomas', National Orthopœdic, and Royal Orthopœdic Hospitals. He also visited, by invitation, Liverpool, Birmingham, Cork and Manchester. At a meeting of the society his teachings were received with the warmest enthusiasm, and a vote of thanks passed without a single dissenting voice. While abroad, he prepared an *Illustrated Treatise on Spinal Disease and Laternal Curvature*, which he dedicated as follows: "To the British Physicians and Surgeons who have received me with such great personal and professional cordiality; who have scrutinized the merits of this plan of treating diseases and deformities of the spine, and given me abundant opportunities of publicly testing its practical value, this small manual of the details of treatment is gratefully inscribed by The Author.

Dr. Sayre sustained a severe affliction in the loss of his two sons, Drs. Charles H. H. and Lewis H. Sayre. His only remaining son, Dr. Reginald H. Sayre, is a well known physician and surgeon.

Dr. Sayre is a member of the County Medical Society; New York State Medical Society; Academy of Medicine; Pathological Society; County Medical Association; Society Relief Widows and Orphans of Medical Men; Physicians Mutual Aid Association He is also Consulting Surgeon to the Charity and Bellevue Hospitals and Home for Incurables.



GEORGE HENRY FOX, A. M., M. D

In the domain of dermatology in the United States probably no one is better known than Dr. Fox, the Professor of Skin Diseases in the College of Physicians and Surgeons of Columbia College; Physician to the New York Skin and Cancer Hospital and Consulting Dermatologist to the Randall's Island Hospital. To the medical profession he is familiar as President of the Medical Society of the County of New York and Vice-President of the Post-Graduate Medical school and Hospital.

Dr. Fox is a prominent member of the New York Camera Club, and has utilized his skill as a photographer in various scientific publications. He is the author of two large photographic atlases illustrating skin diseases and cutaneous syphilis, and has published a work on the use of electricity in the removal of superfluous hair and other facial blemishes. He is also a member of the University Club.

Dr. Fox's college career was rather an unusual one, for, having been prepared for college in Rochester with the class of '67, he enlisted in 1864, while still a sophomore, served eight months and returned to college to graduate with his class, securing the degrees of A. B. and later A. M. Quitting Rochester and its University he studied medicine in the University of Pennsylvania, graduating therefrom, and following a service in the Phildelphia Hospital with a course of three years study in Europe. In the few years since 1873 in which he has resided in New York, he has worked his way to his present prominent position in the medical world.

CHARLES McBURNEY, A.M. M.D.

Dr. Charles McBurney, a distinguished surgeon of New York City, was a native of Massachusetts. His father, Charles McBurney, was a prominent citizen of Roxbury, Mass. Dr. McBurney was born February 17th, 1845, and receiving his preparation for college in the private schools of Boston, entered Harvard College with the class of 1866, being graduated in due course, and receiving therefrom the degrees of A.B. and A.M.

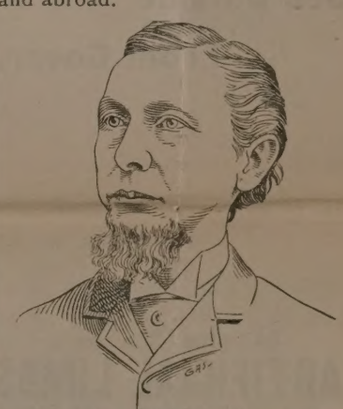
He removed to New York at once for the study of medicine in the College of Physicians and Surgeons, graduating in 1870. Dr. McBurney occupies the chair of surgery at the College of Physicians and Surgeons, in addition to which he is Attending Surgeon to Roosevelt Hospital, and Consulting Surgeon to St. Luke's, the Presbyterian and Orthopœdic Hospitals

Dr. McBurney is a member of the County Medical Society, County Medical Association, Pathological Society, Surgical Society, Roman Medical Society, and the Physicians Mutual Aid Association. He is also a prominent member of the Union League, University, Century and Harvard Clubs.

DANIEL BENNETT St. JOHN ROOSA. M.D.

Dr. Daniel Bennett St. John Roosa was born in Bethal, Sullivan County, N. Y., April 4th, 1838. He graduated at the University of the City of New York in 1860, and for over thirty years has occupied a prominent position in medical circles in this country. Dr. Roosa is President of the Faculty of the N. Y. Post Graduate Medical School, where he holds the Professorship of diseases of the eye and ear. He is also Surgeon to the Manhattan Eye and Ear Hospital, and a Fellow of the N. Y. Academy of Medecine; member of the County Medical Society; N. Y. State Medical Society; Neurological Society; Opthalmological Society and the Physicians Mutual Aid Association. The Honorary degree of M. A. has been conferred upon him by Yale College, and that of L. L. D. by the University of Vermont.

Dr. Roosa's treatise of the Diseases of the Ear has long been regarded as a standard text-book on this subject, both in this country and abroad.



A. D. ROCKWELL, A.M. M.D.

Dr. A. D. Rockwell, was born in New Canaan, Conn., May 18, 1840, where his father, David S. Rockwell, was for over twenty-five years the principal and proprietor of a large academy. He received his literary education at Kenyon College, Ohio, and his medical at the Bellevue Hospital Medical College, where he received his degree of M. D. in the spring of 1864.

He immediately entered the army as Assistant Surgeon of the Sixth Onio Cavalry, and served with his regiment in the Cavalry Corps of the Army of the Potomac through the campaigns of 1864-65, until the surrender at Appomatox Court House. At the age of twenty-four, five months after entering the service, he received his commission as Major and full Surgeon, and subsequently was appointed Surgeon of the Brigade. In 1866, he associated himself with the late Dr. Geo. M. Beard, for the study of nervous diseases, and especially for the systematic development of electricity in its relation to disease in general.

The work upon which his reputation as a medical writer and investigator must mainly rest, is the exhaustive treatise on "The Medical and Surgical Uses of Electricity," which, in connection with Dr. Beard, he issued in 1872. This first edition was translated into German by Prof. Vater, of the University of Prague, who, in his preface, speaks as follows: "Beard and Rockwell were well and favorably known not only in their own country, but also in Europe, and more especially in Germany, long before the appearance of their last work, which is here translated. A great merit consists in the truthful delineation of their cases; they do not profess to be uniformly successful. A part of the work is given to 'General Electrization.' To the authors belong the credit of having given it a scientific basis, and reduced it to a system."

In 1875, they issued a second edition, thoroughly revised, and almost wholly re-written. Subsequently, Dr. Rockwell became the sole possessor of the work; and in 1878, he issued a third revised edition to which he added much new matter. The work is now in its eighth edition and has been translated into French and German. He is a member of the American Academy of Medicine, Fellow of the New York Academy of Medicine, member of the New York County Medical Society, of the New York Neurological Society, and of the American Neurological Association.

He married in 1868, Susie Landon, daughter of Gardner Landon, formerly of Troy, and has four children.

THOMAS H. MANLEY, M. D.

Dr. Thomas H. Manley is a native of Massachusetts, born in 1851, in the small village of Tewksbury, in Middlesex County. He was educated in the public schools of his native town, and in McCoy's Academy, where he studied the classics and modern languages. He is also an alumnus of Manhattan College, of New York.

In 1870, he entered the office of Dr. Francis C. Plunkett, one of the most distinguished practitioners in the New England States, and during his apprenticeship with that gentleman he was an interne at St. John's Hospital, in Lowell.

Graduating from the University of New York, with honors, in 1875, he was appointed to service in the old Park Hospital. After his term here, he went to Lawrence, Mass., where he practised five years. Here he was a fellow of the Massachusetts Medical Society, and for two years was surgeon of the 9th Regiment M. V. M. Infantry. He removed to New York in 1881.

Dr. Manley, as a member of the American Medical Association, Fellow of the New York Academy of Medicine, and as surgeon to the Harlem Hospital, needs no introduction to the medical profession. As a student, writer and operator, he occupies an advanced position, attained by hard study, by tireless energy and well-balanced judgment. The old Bay State has supplied to the profession, but few men of greater promise or more well-merited success.

TIMOTHY H. McGILLICUDDY, M.D.

Dr. Timothy H. McGillicuddy was born at Lewiston, Maine, in 1856. He graduated in medicine at the University Medical College, New York, in 1882, winning the Valentine Mott Gold Medal. He then became House Surgeon at the Alms House and Workhouse Hospital, Blackwells Island. After practising a few years in this city he went abroad, visiting and studying in the principal hospitals of Europe. He attended regularly Charcot's celebrated clinic at La Salpetriere and also those at La Maternité, Paris. Valuable original articles have been contributed by him to the following periodicals. *The N. Y. Medical Record; The N. Y. Medical Journal; The American Journal of Obstetrics; The Journal of the American Medical Association; Times and Register;* The Doctors' Weekly, and others. He has invented several surgical instruments, the most important being his axis traction forceps, uterine dilators and intra-uterine stem. He was the founder and is Surgeon-in-Charge of the Yorkville Dispensary and Hospital for Women and Children, Surgeon to the New York Mothers' Home Maternity Hospital, Visiting Physician to the Infirmary for Children and Young Girls, and also to the Magdalen Asylum. He is instructor in Obstetrics at the New York Polyclinic, and is a member of the New York County Medical Society, the New York County and State Associations, the American Medical Association the Metropolitan Medical Society and the New York Physicians Mutual Aid Association.

(Extra copies of the Weekly containing instalments of photographs will be mailed to any address upon receipt of 25 cents per copy. Yearly subscribers will receive the complete gallery without extra cost.—*Editor.*)

THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, Monday Evening, September 26th, 1892.
(*Reported Expressly for the Doctor's Weekly.*)

The Operative Treatment of Tubercular Lymphadenitis:

Dr. Samuel Lloyd, 24 West 50th Street, read a short paper on this subject, in which he referred to the common occurrence of tubercular glandluar enlargements of the neck in children, and stated that in these cases the source of infection is usually from without; by far the greater number, he said, take their origin in the cavities of the mouth and nose. He made the following clinical division: 1st, a simple inflammatory condition of the gland; 2nd, simple glandular enlargement, with or without a distinct tubercular history; 3rd, degenerated glands; 4th, calcareous glands. He discussed the various methods of treatment and stated that in the two latter groups of cases nothing availed excepting operation. In the calcareous form excision was not very satisfactory.

Dr. William H. Porter, 1674 Broadway, said that he was glad to hear Dr. Lloyd make the statement that he considered these cervical enlargements as not secondary to a possible or presumable bronchial enlargement, but that they were almost always the result of external inoculation.

Dr. James E. Kelly, 16 East 29th Street, referred to the favorable results obtained in operations on tubercular glands. In one case in which he removed the inguinal glands the patient returned to his work in two or three weeks.

The Prophylaxis And Treatment Of Cholera Asiatica: Dr. Paul Gibier, 118 West 10th Street, read a paper on this subject. Among other things he said: Recently much has been spoken of a method of preventive inoculation for cholera, which had previously been put in practice in Spain in the year 1885. This method proposed by Dr. Haffkine is only a modification of that used by Dr. Ferran seven years ago.

I think it is well to remark that after having personally observed the vaccinations of Dr. Ferran, I presented communications to the Academy of Sciences and of Medicine of Paris in the year 1885, containing the results of experiments which proved that the subcutaneous injections of cholera virus, even at high doses, does not prevent the cholera germs from developing in the intestine and causing death.

Each animal was injected subcutaneously with two cubic centimetres of virulent cultures of the comma bacillus of Koch. In proportion to the relative weight this quantity would correspond to about five hundred cubic centimeters or more than one pint for a man of medium size.

Notwithstanding this large dose, which produced grave symptoms, both local and general, the introduction of the virus into the digestive canal three weeks later caused the death, within forty-eight hours, of the greater number of the 'vaccinated' animals with the ordinary symptoms of experimental cholera. As is well known, cholera is a local infection of the digestive canal by the comma bacillus, and when this microbe is injected into the cellular tissue it causes a foreign and independent disease which is absolutely distinct from the intestinal cholera. Consequently it cannot be expected to afford immunity against the latter. Such are the results which we demonstrated—at least in the guinea pig.

Dr. E. O. Shakespeare, Port Physician of Philadelphia, stated that he was commissioned by the President of the United States to proceed to Europe and India in 1885, and investigate the question of cholera in those countries. At that time he made some searching inquiries concerning the matter of preventive inoculations, a method of treatment which had been extensively practised in Spain by Dr. Ferran and his assistants. In addition to this, he has made some experiments with animals, especially the guinea pig, as to the question of artificial immunity against an artificial attack of cholera by way of the intestinal canal. As a result of these investigations and experiments, Dr. Shakespeare said that

he is thoroughly convinced that not only is cholera one of the infective epidemic diseases, one attack of which is followed by a certain period of immunity, whether long or short, but that furthermore an artificial immunity can be produced in the guinea pig by the subcutaneous injection of the choleraic virus. In many villages in Spain, where the inoculation treatment was practised in a very crude manner, the epidemic was often cut short, and he had no doubt that many lives were saved. He felt convinced that in the very near future the treatment of cholera by means of inoculations will be one of the most potent at our disposal. especially in countries where the hygienic methods of prevention are impossible, as in India or Spain.

In regard to the question of letting down the bars created by quarantine, and relying upon local hygienic means of defence against an epidemic of cholera, Dr. Shakespeare said that it would not be practicable in this country.

In England they have spent within the last fifteen years about $450,000,000 in the improvement of local hygiene, exclusive of a large amount of money that has been spent by the government to supplement the efforts of the local boards. We have in this country about thirty-six times the area of the British Isles.

The quarantine facilities in this country are insufficient. In order to lessen the burden placed on maritime trade by quarantine restrictions, facilities should exist for at once removing the ship's inhabitants, and allowing the vessel to proceed to her dock and discharge her cargo.

THE TREATMENT OF CHOLERA MORBUS. Dr. R. Van Santvoord, 160 West 126th Street, read a paper with this title. He stated that the acute diarrhoeal diseases may be roughly divided into two groups, which are connected by a series of intermediate cases of mixed character. The first of these may be called acute dyspeptic or simple irritative diarrhoea. The other group consists mainly of the choleras. Here we have to do, certainly in Asiatic cholera and probably in the clinically analogous forms of disease, with the invasion of the intestine by specific microbes which generate toxic substances, or with direct poisoning by ptomaines produced outside of the body. The diarrhoea occurs in the form of profuse, frequent, watery, colorless stools. It is due, probably, not to direct irritation of the bowels, but to the effect of toxic substances absorbed into the blood, acting on the intestinal nervous system: This group may be spoken of collectively as the toxic diarrhoeas. Between these two we have cases of a mixed type, in some of which the simple irritative, in others the toxic element predominates.

The term cholera morbus is variously defined by different authorities. By some it is regarded as synonymous with sporadic cholera. By the bulk of the profession it is applied without any very definite limitation to any case in which there is severe diarrhoea, with frequent large, loose or watery stools, accompanied usually by colic and often by vomiting.

The drugs upon which we in the main rely for the direct treatment of such cases are the evacuants, narcotis, stimulants, aromatics and antiseptics.

When the passages from the bowels become frequent, watery and profuse, and the toxic element predominates, experience teaches us that they are most promptly cured by full doses of opium. If there is vomiting, morphia should be given hypodermically. In children,appropriate doses of paregoric or other opiate should be given, and if this cannot be retained, morphia in the dose of 5 or 10 minims of the U. S. P. solution to a child one year old, guarded by half or an equal quantity of atropia, if the case is at all grave. This latter recommendation is doubtless attended by a certain amount of risk, but in cases of cholera infantum it is often about the only efficient resource in the way of medication. The use of opium in any dose as an ingredient in diarrhoea to be given indefinitely is a practice to be condemned. When administered in this way it does harm by interfering with digestion and by retaining in the bowel matter that ought to be evacuated.

It has been suggested that the common cause in diarrhoeal diseases is the forming of temporary intussusception, this view being based on the great frequency of occurrence of intussusceptions in young infants, as observed on post-mortem examination. If this is so, it is obvious that all of our colicy patients are in a certain danger of getting up a grave form of intestinal obstruction.

Alcohol and the aromatics act probably in very much the same way as does opium; namely, as a physiological antidote to the ptomaine poisoning, and to control unduly active peristalsis.

DR. VAN SANTVOORD said that he has had more or less experience with salol, hyposulphite of soda, sub-nitrate of bismuth, salicylate of sodo, naphthaline and other antiseptics in the treatment of diarrhoeal diseases, and with a single exception they have proved disappointing in his hands; the one exception is subnitrate of bismuth. It certainly gets into the system, it certainly stays there in appreciable quantity for some time, and it is certainly of great use in diarrhoeal diseases, and it is to its power as an antiseptic that it seems most reasonable to attribute its efficacy. In addition to drug treatment, he considers washing out the lower bowel once or twice a day as a very valuable procedure. He usually employs a solution of borax or boric acid, in the strength of a heaping teaspoonful to a quart of warm water. Tannic acid is also highly recommended by certain authorities.

The important question of diet Dr. Van Santvoord said he would not enter into in detail. In infants and children the absolute withdrawal of milk for a few days should be insisted upon. Egg-water, barley-water, toast-water for a day or two may be given, and then the expressed juice of beef rather than broths.

The following resolution was adopted by the Society :

WHEREAS, Recent judicial decisions raise some doubt as to the number of delegates to be elected to the State Society ; be it

Resolved, That in case the Court of Appeals declares the new apportionment unconstitutional, only the twenty-four candidates receiving the highest number of votes shall receive certificates of election from this Society.

The following nominations of officers were made. The election of officers will take place at the annual meeting of the Society, the fourth Monday in October: For President, Drs. C. C. Lee, S. D. Powell, C. L. Dana. For First Vice-President, Drs. C. L. Dana and Simon Baruch. For Second Vice-President, Drs. W. Stevens and Robert Abbe. For Third Vice-President, Dr. T. Holgate. Secretary, Dr. C. H. Avery ; Assistant Secretary, Dr. W. E. Bullard Treasurer, Dr. John S. Warren.

The following gentlemen were elected to membership . Asher Bleiman, 63 E. 7th street ; Howard Paxton Collins, 153 W. 11th street; John Bernard Busteed, 118 E. 45th street; William Fisher Grier, 425 Lexington Avenue; Albert Warren Ferris, 10 E. 47th street.

Too great a strain.—Physican—What is your profession, sir ?

Patient (pompously)—I'm a gentleman.

Physician—Well, you'll have to try something else; it doesn't agree with you.

A CLINICAL LECTURE.

BY A. M. PHELPS, M.D.,

Professor of Orthopedic Surgery in the New York Post-Graduate Medical School and Hospital.

(Reported expressly for "DOCTORS WEEKLY.")

HIP JOINT DISEASE ; POTT'S DISEASE.

Gentlemen : Our first case today is this little child, three-and-a-half years old. When brought to us about two years ago, he was in the second stage of hip joint disease, and there was a true osteitis present. I consider that such cases are too young to wear a hip splint; I prefer to place them in a Sayre wire cuirass, or on my portable bed. A similar contrivance and a most excellent one, has also been devised by Dr. A. J. Steele, of St. Louis. One of my portable beds can be easily constructed by first placing the child on a sheet of paper, and making a tracing of the outline of the patient, which is then used as a guide for sawing out the wooden plank, care being taken that the board is a trifle narrower than the child for whom it is intended. The child is securely fastened to this portable bed by being swathed in plaster of Paris bandages, which pass around both the patient and the bed. The board is of course properly padded so as to make it comfortable and to avoid excoriations. It can be constructed very cheaply, and answers admirably for the treatment of the poor and unruly children which form the bulk of our cases at this dispensary. Whenever my assistant called at the house to see this child, he found that the child had received little or no attention, and finally a large abscess developed. Unable to secure the cooperation of the parents, we were compelled out of sheer pity to take the child into the hospital, and open the abscess, and superintend the treatment. After opening the abscess, and scraping away all the diseased tissue down to the joint, a drainage tube was inserted. Another sinus has fomed since then, and as there is insufficient drainage, and probably extensive disease of the bone, I have thought best to make another incision. When an abscess of any size makes its appearance, I believe it is usually better to incise and drain it, than to leave it to nature. If it be a case of pyogenic inoculation in which there has been a previous tuberculous focus of disease, the abscess will burrow very rapidly ; hence, under such circumstances, it is especially important that the treatment shall be prompt and radical. There are, of course,

some small abscesses which do not tend to increase in size, and which cause no disturbance; these I should not operate upon, nor should I be inclined to interfere with larger abscesses in which the opening would come too close to the ring or strap of the splint, but the general rule to evacuate these abscesses if they give rise to symptoms, I consider thoroughly sound surgery. Not only do we prevent in this way extensive burrowing of pus, but we are able at the same time to make a digital exploration and discover the extent of the disease, and whether or not the head of the femur is already separated from the neck. This is frequently the case, and when such extensive necrosis is found to have already occurred, it is far better to scrape away all diseased tissue, than to allow all this debris to be discharged slowly through sinuses. If the bony structures are not dis integrated, I do not curette the joint, but scrape away everything external to the joint, and then insert a large drainage tube, endeavoring, if possible, to secure primary union of the large wound. Not many years ago, any physician who would have stated before a medical society, that he could secure primary union and healing of such a large abscess cavity within a few days, would have been scoffed at, but such achievements are now quite common. If you decide to open such an abscess, let me impress upon you the great importance of making a free incision, one which is co-extensive with the abscess cavity, for if you do not open them in this way, you will surely leave pockets in which the discharge will accumulate, and the healing process will thereby be greatly retarded.

In the case before us, there is a large tortuous sinus, extending down into the anterior portion of the capsule. There is no crepitation, the head of the bone feels smooth, and there is apparently not much destruction of the bone. I have now converted the curved sinus into a straight one, and have introduced a drainage tube posteriorly, so as to admit of free escape of all discharges. You notice the hemorrhage is quite free, for in working around this joint, one must necessarily injure some of the branches of the profunda artery; but I have never had any difficulty in controlling it by packing the wound with iodoform gauze Having thoroughly irrigated the parts, and applied a solution of iodoform in ether, I now dress the wound with iodoform and sublimated gauze. Extension will be applied for a few days, or until after the first dressing: then he will be placed on a portable bed, and allowed out in the fresh air.

This next boy came to us about ten months ago with hip disease at the beginning of the second stage. I claimed sometime ago that no case of hip joint disease if seen before shortening had occurred, need recover with angular deformity, and that if shortening is already present when first seen, this should not increase except in those cases where there is extensive destruction of the bone, and the vast majority of these cases go on to excision. The boy has been fixed from the axilla to the foot for ten months, and no passive motion has been made during all this time. You know that Dr. Sayre reports a case of ankylosis the result of five months of fixation; let us see if ankylosis be present in our case. I find there is 30° or more of flexion, adduction 10°, and abduction, 15 or 20° without tilting the pelvis. This disposes of the question of ankylosis, but it may be said that this is not a good test case, because there is some doubt about the presence of bone disease. True, there is only slight atrophy of the limb, but as there was pain on joint pressure when he first came to us, there is reason for believing that there is some disease of the bone, although this is probably not very extensive.

Here is another case, much more severe This little girl has been in the hospital nearly three years. When she came to us, there was bone disease in the right hip, and she was already in the third stage. A long splint was fixed firmly to the well side, and she was kept in bed, while extention was made in the line of the deformity, and at right-angles to that line, the line of extension being altered from day to day to keep pace with the reduction of the deformity. Soon after, the disease attacked the other hip, and extension was applied to this limb. After being on the portable bed for several months, a double h p splint was applied; it is in reality two of my single hip splints joined together. You see I can pitch her around in the roughest manner imaginable without giving her the slightest discomfort, but on removing the splint, the slightest motion or jarring causes her to cry out with pain. The limbs have been fixed for about two years, yet there is no ankylosis, and she is at present virtually free from deformity. These cases are serious, and usually last from two to six years.

(Concluded on page 9.)

COMMITTEE'S REPORT ON ACTION OF THE AMERICAN MEDICAL ASSOCIATION.

Drs. T. H. Manley and J. G. Truax, a committee appointed by the County Medical Association of New York, to report upon the action of the American Medical Association at its last meeting, in Detroit, in regard to the standing of the permanent members of the American Medical Association, who were also members of the Medical Society of the State of New York, beg to submit the following:

One year ago, at the meeting held in Washington, D. C., Dr. W. W. Potter, of Buffalo, was elected one of the Board of Trustees of the American Medical Association. Charges were then made and presented to the Association, said charges being referred by the Association to its Judicial Council. These charges were in substance to this effect, namely: Dr. Potter being a member of the Medical Society of the State of New York, an organization which had seceded from the American Medical Association and renounced its allegiance to the said Association, should no longer be allowed to be a member of the Association, and should be removed from the Board of Trustees.

Dr. Charles W. Brown, of Washington, D. C., made the charge against Dr. Potter. He was assisted in the presentation of the case to the Judicial Council by Dr. J. G. Truax, of N. Y., who acted as his counsel. Dr. Potter was ably defended by Dr. C. A. L. Reed, of Cincinnati, Ohio. After the Council had given both sides a patient hearing, extending over a period of three hours, they decided by a vote of seven to three that Dr. Potter was no longer a member of the Association, and ineligible to the position of Trustee of the Association.

An effort was made in one of the General Sessions of the Association to nullify the action of the Judicial Council; all such attempts were defeated and the Convention in General Assembly always sustained the action of its council.

The effect of this action is to disqualify all members of the Association who are also members of the Medical Society of the State of New York.

At a subsequent meeting a resolution was passed appointing a committee of five from the American Medical Association to confer with committees of the same number from each of the two New York State organizations: the object being to see if some way could not be found by which the members from the Medical Society of the State of New York could be restored to membership in the parent Association.

Signed,
J. G. Truax,
Thomas H. Manley.

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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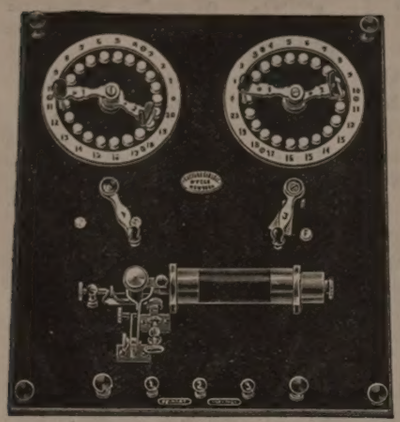

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OBITUARY.

Died suddenly at her home 320 West 28th Street, City, Hannah Burson, wife of Dr. H. Worthington Paige.

Dr. Jose Miguel Parraga, died at his home 314, 13th Street, South Brooklyn, N. Y., Monday, Sept. 19th inst. Age 46 years. Dr. Parraga was a 32nd degree A. A. S. R. and Royal Arch Mason, and a noble of the Order of the Mystic Shrine.

Dr. Calvin D Hayward, a prominent Mason and Past Grand Master of Morton Commandry, died on Sept, 23rd, at his residence, No. 234 West 127th Street. He had suffered from consumption a year. He was born in Fitchburg, Mass., fifty-six years ago. Dr. Hayward was a Knight Templar and a member of the Mystic Shrine. He leaves a widow.

MARRIAGES.

On Thursday, September 15, 1892, by the Rev. Vernon B. Carroll, J. Burt Martine, of Warwick, N. Y., to Jeannie W. Newell, M.D., of Jersey City, N. J.

On Thursday evening, September 15, at the First Baptist Church of Mount Vernon, N. Y., Lulu Curtis, daughter of David C. Curtis, to Dr. Irving Townsend of New York city. Rev. E. T. Hiscox officiated.

On Tuesday, September 20th, 1892, at the residence of the bride's parents, by the Rev. James T. Leftwich, D. D., James S. Green, M. D., of Elizabeth, N. J., and Mary Morley, daughter of Richard D. Fisher, of Baltimore, Md.

At the Protestant Episcopal Church, Twelfth and Diamond Streets, Philadelphia, Pa., on Sept. 20th, Dr. Alfred M. Seymour was married to Miss Lillie C. Hicking. Dr. Elwood Matlack was best man. Dr. Seymour is a graduate of the University of Pennsylvania. He has been resident physician of the Philadelphia Hospital, visiting physician to the Northen Dispensary, and is at present visiting physician to the Charity Hospital.

PERSONALS.

DR. J. V. STEVENS, of Chicago, has assumed control of *The Annual of Eclectic Medicine and Surgery.*

DR. C. H. CHRISTOFER, of Festus, Mo., is spending a few days in St. Louis.

DR. E. F. YANCEY, of Sedalia, Mo., chief surgeon of the Missouri, Kansas and Texas road, is at the Laclede Hotel, St. Louis Mo.

CHANGES OF ADDRESS. Dr. T. Cleland, to No. 252 West Fifty-second Street; Dr. George W. Jacoby, to No. 663 Madison Avenue.

THE DEATH of Professor Ludwig Bandl, of Vienna, is announced in the *Lancet.* The deceased was forty-nine years old.

DR. JOHN GUITERAS has been chosen Pathologist of the Philadelphia Hospital, *vice* Dr. Formad deceased,

THE NEW YORK POLYCLINIC. Dr. Christian A. Herter has been appointed Lecturer on the Anatomy and Pathology of the Nervous system.

MEDICAL MAGISTRATE. Thomas Michael Dolan, M.D., F.R.C.S.Ed., of Halifax, has been placed by the Lord Chancellor on the Commission of the Peace for the County Borough of Halifax.

DR. W. N. GRAHAM, of Sedalia, Mo., has bought one half interest in the Sedalia Democrat, and will hereafter be president and manager of that paper. He has a large acquaintance throughout Missouri.

DURING the week ending Sept. 17th there were reported in New York City 79 cases of diphtheria, 37 cases of measles, 44 cases of scarlet fever, 6 cases of smallpox, and 58 cases of typhoid fever. There were 864 births and 758 deaths.

DR. A. M. OWENS of Evansville, Ind., is visiting New York. He will remain about ten days and see what is being done in the Post-Graduate institutions and Hospitals. The Genial Doctor is always a welcome visitor and numbers his friends by scores.

DR. EDWARD J. SCHEVICK, a Bohemian physician and druggist, has brought a libel suit for $45,000 against Bernard Herz and the seven other proprietors of a Bohemiar newspaper of this city which has, he claims, published articles reflecting upon him and injuring his business.

DR. F. REDER, of Hannibal, Mo., was recently a successful contestant for the prize of a valuable microscope offered by the International Journal of Surgery, for the best original contribution on a surgical subject. Dr Reder won first prize on his article, "The Rubber Bulb an Aid in Intestinal Resection." Dr. Reder is especially deserving of congratulation, as this is the second prize won by him under similar conditions.

BRITISH MEDICAL JOURNAL.—The revenue from advertising during the last year was $70,000, a very respectable sum, and quite an assistance to a journal of any description. In addition, the sums received for subscriptions and sales of *Journals* amounted in the aggregate to over $80,000 during the year. The total annual revenue is now about $155,000. Dr. Withers Moore, the past-president of the Association, recently expressed the opinion that such success was largely due to the management of the able editor, Mr. Ernest Hart.

THERE were born in Aspin, Colo., Sept. 19th to the wife of John Hughes a second edition of the Siamese twins, differing only in the manner in which they were joined together, these being face to face The children are two well-formed boys, weighing 16 pounds, with well-developed heads, arms and legs, but with but one body. The mother is a woman 23 years of age and weighing but 100 pounds. She has been married four years and has one child. The freak has caused a great amount of interest among the medical fraternity.

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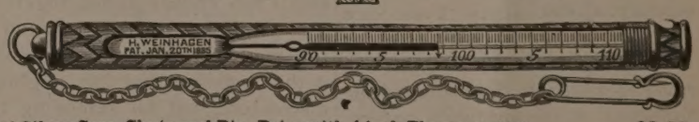

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THE TREATMENT OF CHOLERA BY INOCULATION.

At the meeting of the New York County Medical Society on Monday evening, Doctor Paul Gibier expressed the opinion that the subcutaneous injection of choleraic virus does not prevent the cholera germs from developing in the intestine and causing death. This opinion, he said, was based on a series of experiments made by himself on guinea pigs, after the manner practised by Dr. Ferran, of Spain, a modification of which method is now being employed by Dr. Haffkine, in Pasteur's laboratory in Paris. Dr. E. O. Shakespeare, on the other hand, contended that an artificial immunity can be produced in the guinea pig by means of the subcutaneous injection of the choleraic virus, and that by this method of treatment the death rate was materially lessened in certain districts in Spain during the cholera epidemic of 1885.

In view of the fact that cholera is almost certain to reappear in Europe next year, the experimentors in this line of work will be afforded a good opportunity to prove the truth or fallacy of the inoculative theory in the prevention of this disease.

In the treatment of cholera, the various methods recommended appear to be of little avail. The death rate during the present epidemic has been about fifty per cent, probably no better nor worse than it was in similar epidemics half a century ago.

EDITORIAL ITEMS.

Don't fail to read third column on page 5 of this issue.

AN ENTERPRISING NOVELIST, who evidently lets no chance slip by, has written a story entitled, "Saved by Quarantine."

DR. EDWARD T. REICHART, of Philadelphia, the editor of the *Medical and Surgical Reporter*, has discontinued his connection with that paper, owing to the increasing pressure of other work.

THE second annual meeting of the American Electro-Therapeutic Association will be held at the New York Academy of Medicine, October 4th, 5th and 6th, 1892.

THE SENIOR EDITOR of the Denver Medical Times went off on a fishing trip to Wagon Wheel Gap, and his assistant asks the readers of that journal to condone any errors of omission or commission in September No., particularly as the publisher has but lately acquired an addition to his family in the person of a beautiful baby girl.

THE AMERICAN GYNÆCOLOGICAL SOCIETY. Among the social accessories of the meeting held in Brooklyn this week were a dinner to an invited company by the president, Dr. John Byrne, and Mrs. Byrne, a luncheon given by Dr. Alexander J. C. Skene, a dinner given by the Brooklyn Gynæcological Society, and a luncheon given by the Medical Society of the County of Kings. The Brooklyn profession has taken good care of its visitors.

DEPURATIVE AGENTS.

Great attention is now being given by the medical profession to the study of antiseptics, both for internal and external use.

The rapid march of surgery during the last decade is largely due to the knowledge acquired by the exhaustive study of these agents as applied to the practice of this branch of medical practice.

The application of antiseptic treatment for internal medication, however, presents more difficulty, as most substances known and used as antiseptics are toxic and dangerous when used internally in sufficient quantity and for a sufficient time to accomplish the desired object.

It is doubtless a fact that many of the ailments with which humanity is afflicted, are produced by the absorption of products of katabolic change, poisoning living secretions and tissues, depraving the functions of vital organs, and impeding or aborting those necessary changes depended upon to build up healthy tissues. Other causes are also at work to an extent not well known, viz. the direct introduction of diseases of specific character, through micro-organisms, and the absorption of the products of their decay.

Hence, one of the most important subjects that can occupy the attention of the profession is the investigation of the character, cause, and remedy for these conditions.

In a previous paper, the writer has endeavored to show, that one very important source of morbid change is deficient oxidation of the blood and consequently of the tissues, from the lack of the element upon which oxidation depends, viz. oxidizable phosphorus [Writer's ninth Edition, "Intra-Organic Oxidation a necessity to the Tissues," Jan. 1892.]

The line of treatment indicated for this depraved state of the system may be devided into two, or possibly three, parts:

First,—The rebuildting of the tissues by supplying the necessary but deficient element [oxidizable phosphorus,] by the use of the particular hypophosphite, best suited to the patient's condition, ascertained by a careful study of the conflicting and antagonizing effects of the different bases, [lime, soda, iron, potassium, maganese, etc.]

Second.—The immediate relief of the over-burdened organism by opening all the channels of excretion, that the body may be speedily relieved from septic and poisonous products to the extent possible by these means, and

Third,—The use of such antiseptics and germicides as will most thoroughly and with the least shock to the system, effectually neturalize or destroy the septic cause.

It is upon the last subject that the writer wishes particularly to speak in this connection.

Iodine has long been known as an effectual antiseptic, no micro-organisms can find lodgement, or exist in its presence, fermentive action never occurs in its preparations, aqueous solutions of iodine keep indefinately, syrups containing it never ferment; But these cannot be used internally in sufficient quantity to produce complete, or even partial depurative and germicidal effects, owing to the irritant and caustic action of free iodine.

But in the combination, iodide of hydrogen, [hydriodic acid] while the iodine retains all its antiseptic and germicidal qualities, it has entirely lost its irritant and caustic properties, and is easily, even pleasantly, borne by infants and delicate females, and by its use the system may be saturated up the point of iodism, with no inconvenience to the patient.

Its promptness of action and assimilation is so great, that iodine may be detected in the urine in ten minutes after its administration upon an empty stomach. Passing at once into the circulation, it is carried to all parts of the body, and exercises its powerful influence as a depurative and germicide.

It is probable that the value of Syrup of Hydriodic acid, for the particular indications herein suggested, is not sufficiently appreciated by physicians, and their attention is earnestly called to this new view of its usefulness.

As an illustration of the antiseptic power of Syrup of Hydriodic Acid, Dr. W. H. Bentley, Woodstock, Ky., cites "Thirty-one cases of small-pox, treated in the suppurative and subsequent stages up to complete desquamation, with the happiest result in all cases with Syrup Hydriodic Acid. None of the cases lingered or made tardy recoveries. All got well." *Med. Summary*, Jnne, 1891. I have also the history of a case in which a terribly septic state, brought about by failure on the part of a midwife to deliver the second child in a case of twins, and the final extraction of the fœtus in a decomposed condition, was given no other internal antiseptic treatment than Syrup Hydriodic Acid and made a good recovery.

For these reasons I have been led to the belief that cases of scarlet fever diphtheria, typhoid fever, and many other conditions of a similar character, would progrsss with much more rapidity, and much less suffering to the patient, if this remedy was included in the treatment.

The writer is of the opinion, however, that Syrup of Hydriodic Acid should be given by itself and not in combination, and also when the stomach is empty, that it may be absorbed without the change caused by contact with food products. This is a frequent cause of failure in its use,

That it will prove of vast benefit in combating septic infection from whatever cause I am convinced.

Any literature desired by the medical profession bearing upon the use of the writer's products will be cheerfully mailed, free of charge, by addressing the undersigned.

He cannot close this communication without cautioning the profession to specify Gardner's in prescribing, as otherwise some of the many articles sold nnder the same name may be substituted and the writer held responsible for their effects, which is a manifest injustice not only to the writer, but to the physicians and patient as well.

It is assuredly not only the right, but the duty of the physician, to insist that the patient shall procure no other than the particular remedy he has prescribed, as otherwise he cannot be held responsible for the proper treatment of the case, his views not having been carried out, and a fraud perpetrated against the prescriber and patient alike. Druggists who substitute other preparations, selected in preference because of their lower price, for the particular article specified by the physician, are unworthy of patronage, either by the physician or patient, and the prescriber is justified in forbiding his patients to patronize them.

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FORMULA—Each Dose Contains:

Pure Cod Liver Oil	80 m. (drops.)
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Soluble Pancreatin	5 Grains.
Soda	⅛ "
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Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Canna. bis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

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PAPINE

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Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne p rin ciple of one-eight grain of Morphia.)

IODIA

THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations.

PRESCRIPTIONS.

SEMINAL EMISSIONS.—The following (*Norsk Magazin fur La'yevidinskaben,*) is praised:

℞ Potassi bromid,
Tinct. ferri muriat., aa ʒ j.
Aq. destillatæ, ʒ iij.

M. One to two teaspoonfuls after each meal and at bed-time.—*Ex.*

INJECTION FOR GLEET.—

℞ Hydrarg. bichlorid., gr. ss.
Zinci sulph. carbolat., ʒ ss.
Acid boric, ʒ jss.
Liq. hydrogen peroxide, f ʒ iv.
Aquæ destillat., ad f ʒ vj.

M. Use injection in the morning and evening.—*Hewson, College and Clinical Record.*

ABORTIVE TREATMENT OF ERYSIPELAS.

Talamon recommends the employment of a spray of sublimated ether (1:100) in the treatment of some cases of erysipelas. If the infiltration be not extensive, the application is to be continued until vesication occurs; if the involvement be extensive, the central portion is only to be moistened.

FOR CHLOROSIS.—

℞ Ferri et ammonii citrat., gr. xv.
Aquæ destillat., } ää f ʒ j.
Aquæ laurocerasi, }

M. Sig.: minims xv hypodermatically—once daily for a week, then twice daily.
—Bongiovanni, *Journal de Med, de Paris*

FOR FISSURES OF THE TONGUE.—

℞ Acid. carbolic, ʒ ss.
Tr. iodi. } ää ʒ ijss.
Glycerini, }

M. Sig.: Apply topically.
—*Prager med. Woch.*, No. 24.

AN ANTISEPTIC POWDER.—

℞ Pulv. camphoræ, 5 parts.
Pulv. bismuthi subnitrat., } ää 20
Pulv. acidi salicylici } parts.
Pulv. iodoformi, 55 parts.

M. Sig.: As an application to wounds and ulcerous surfaces.
—Cazozzani, in *Rev. gen. de Clin. et de Ther.*

CANCER PASTE.

℞ Farinæ tritici (wheat flour)
Amyli aa ʒ i
Acid. arsenios. pulv. grs. viij
Hydrarg. sulph. rnb. ℈ii
Ammon. mur. ℈ii
Hydrary. bichlor. corros. grs. iv
Zinci chlorid. cryst. ʒ i
Aquæ fervid. ʒ iss

THEREPEUTIC NOTES.

A NOTED London chemist has analyzed Keeley's bichloride cure with the following result: Water, 31.61 per cent.; sugar, 6 per cent.; a trace of mineral salts, principally lime; and 27.55 per cent. of strong alcohol.

MIGNONETTE FOR TAPEWORM.—In Russia the flowers of the mignonette are used as a remedy for tapeworm. A decoction of the flowers is made, and the liquid is drunk fasting. The entire worm is ejected in a few hours.

GALLACETOPHENON.—Gallacetophenon is the name of a new remedy which Neucki has recently introduced, and which is said to be very efficacious in the treatment of psoriasis and parasitic skin diseases. It is said to be quite as active as pyrogallol, and does not have the disadvantage of staining.—*Med. Record.*

SERPENTARIA IN RHUS POISONING.—Dr. J. R. Fritts, of Mexico, Mo., has had excellent results (Medical Standard) in rhus poisoning from penciling the affected part and its immediate surroundings thrice daily with fluid extract of serpentaria—*Western Druggist.*

CAMPHORMINT is a combination of menthol, camphor, chloroform liniment and spices; it is the formula of F. E. Stewart, M.D., Ph.G., Demonstrator of Materia Medica and Pharmacy Jefferson Medical College, Philadelphia, Pa. It has had a thorough test in hospitals and private practice, which proves it to be one of the most valuable internal remedies for the control of pain. *By Inhalation* it is specially serviceable in the treatment of earache, cold in the head and sleeplessness. An inhaler is packed with every bottle of Camphomint.

BORO-BORAX: A NEW BORIC PREPARATION.—This preparation, discovered by M. Jaenicke, results from a mixture of equal parts of borax and boric acid in boiling water. The antiseptic and therapeutic properties of this mixture resemble those of boric acid, but it has a neutral reaction and is much more soluble. At ordinary temperature 16 parts of boro-borax dissolve in 100 of water; at 100° F., 30 parts dissolve in 100 of water; at boiling temperature, water dissolves 70 per cent. of the substance. Boro-borax is readily made by mixing together in boiling water equal parts of borax and boric acid. On cooling, the greater part of the substance crystallizes out.

ELIMINATION OF THE BROMIDE OF STRONTIUM.—At a meeting of the Biological Society, June 11, 1892, M. Fèrè reported that he found the bromide of strontium which he had administered to epileptics to be eliminated more rapidly and more completely by the urine than the bromide of potassium. The removal of the former however, does not begin as soon as that of the latter salt. These facts unquestionably explain the absence of the cutaneous manifestations of bromism observed so often after administration of the potassium combination. The bromide of strontium accumulates less in the system.—*La Tribune Medicale.*

DOCTOR: We clip the following from *The Times and Register* of Philadelphia, July 22, 1892

"DR. W. C. ABBOTT'S dosimetric granules have been used by several members of our staff. The granules have proved reliable in every respect; uniform, well made, and of full strength. The system is popular with patients."—WAUGH.

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A TRUE AND RELIABLE DISINFECTANT FOR THE SICK ROOM AND THE HOUSEHOLD.

It seems like repeating what almost every doctor knows when we refer to the merits of this well-known, and so universally employed disinfectant. An odorless liquid, always ready to use, inexpensive and certainly prompt and reliable, its liberal use cannot but be attended with good hygienic results in every sick room and every home.

Over 23,000 physicians have given their names in its endorsement, among whom are the most eminent of the world:—

"The importance of disinfecting the expectorations of patients suffering from chronic pulmonary disease, and the alvine discharges in fevers, diarrhœs and dysenteries, it seems to us, has not been sufficiently urged upon the profession.

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"From my experience with PLATT'S CHLORIDES I am convinced of its great value as a disinfectant. Without odor itself, never injurious when applied to any surface of the body, destroying all offensive odors promptly and effectively, an excellent stimulant to indolent ulcerated surfaces, it evidently is destined to become *the great disinfectant of the future.*"

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Very truly yours,
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Apioline-Chapoteaut.

The true active principle of parsley.

For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine savs :—

In two obstinate cases of Dysmenorrhœa, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhœa in which I have tried it is epecially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years. I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it as often as I have cases demanding the same." May 19, 1892. cincinnati.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulent to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nisus.

In prescribing, care should be taken to write the word Apioline in full.

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ERGOTOLE has now been before the medical profession for over two years and has already won for itself an impregnable position in the armamentarium of thousands of well known and careful practitioners through the country.

Although we have never heretofore published any letters or clinical reports voluntarily sent us by physicians regarding the merits of any of our preparations, we have been induced, through numerous requests to furnish clinical data obtained at the bedside with Ergotole, to issue a concise, practical brochure on this product, presenting the latest theories of the physiological action of Ergot together with a few carefully selected clinical reports as the use of our Ergotole in hospital and private practice.

We claim that Ergotole is in all respects the best preparation of Ergot ever brought to the notice of the medical profession. It is 2½ times as strong as the official Fld. Ext. of Ergot—hence the dose is smaller; it does not deteriorate by age, and, what is of prime importance, especially where Ergot must be administered for a long period as in Fibroids, Enlarged Spleen etc., it does not produce nausea.

Even the most fastidious patient will take it readily. Is is reliable.

Samples of Ergotole and copies of this pamphlet will be cheerfully sent to any physician upon application.

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Manufacturing Chemists,
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CLINICAL LECTURE.

(*Continued from Page 5.*)

This next boy came here in the third stage of hip joint disease, and with an abscess. There was an old sinus about the hip, and the disease is so extensive, that the question of excision naturally arises. As long as the general health is not seriously affected, and the local condition is good, excision should not be resorted to; but if the general health were evidently deteriorating, I would not hesitate to perform this operation.

This next boy has been with us two years, and was in a wire cuirass for about half this time. He had an abscess which was opened on the inside of the thigh, but there is a very little discharge still left. His limb has not been moved for about two years, except on two or three occasions for the purpose of examination, yet you see the limb readily flexes to about 50° without moving the pelvis, and there is also good abduction and adduction, and no shortening. This result is the more important, for in this case there can be no question about the existence of true bone disease. The case has run the typical course of hip joint disease associated with abscess, and the joint is now nearly cured.

Here is a child with lower dorsal Pott's disease, who is wearing a plaster of Paris jacket. Where the disease is below the mid-dorsal region, it is important in applying such a jacket, to remember that after the bandages have been applied up to the top of the sternum, one assistant should hold the patient firmly by the feet, another assistant hold the upper part of the child while the one who is applying the jacket, should push the body forward. In this way the body is tilted backward, and the weight of the head thrown off of the long lever represented by the spine from the point of the disease to the base of the skull. It is impossible for a child to bear the weight of the head in a sling, for the head weighs five or six pounds, and this amount of traction cannot be tolerated. A jury mast accomplishes its purpose not by supporting the weight of the head in a sling, but by pulling the head backward, and so taking it off this long lever represent d by the spine. Braces have been used with the idea of preventing lordosis. This is all very well, but it must be remembered that where there is a kyphosis, there will be compensatory curves sooner or later above and below, so that a line from the top to the bottom of the spine will pass through the centre of the kyphos; hence, it would appear that lordosis is absolutely necessary, and will occur after the removal of such a brace even though it may have been prevented up to this time. A plaster jacket is better than a steel brace, if for no other reason than the inability of the parents or friends of the child to meddle and remove the support which the surgeon has applied. A plaster corset may be left on for an indefinite period—even one or two years—except it has been outgrown, or the plaster breaks. My records of cases of Pott's disease of the spine in the dorsal region, show that where patients can be properly looked after the deformity does not increase under appropriate treatment, except in those very grave cases where there has been destruction of bone and abscess, and these cases usually terminate fatally.

Here is still another case of hip disease. The joint is extremely sensitive. She had an abscess which was incised one week ago, and this is the first dressing. You see that primary union has taken place. The dressing consisted of Lister protective, bichloride gauze, and a bandage, and the patient was kept in bed with two lines of traction. This extension will be kept up until the wound is perfectly solid, when a splint will be applied, and she will be allowed to go around with a high shoe and crutches. We never allow our patients to walk on their splints, for this always produces more or less traumatism of the joint. If a person comes to us with a fracture of the femur, we invariably send such a one to bed, and apply a splint. I believe a diseased joint should be treated in the same way, and as the hip joint is a thousand times more menacing to life and limb than any fracture, it is rational that we should take every precaution against increasing the mischief already done. For this reason, the hip splint should extend up on the thorax so that there will be no return of the deformity which you have succeeded in reducing by properly applied traction. I have already given you the main points in the treatment of hip joint disease. The statistics published a few years ago by Drs. Shaffer and Lovett show, if I remember rightly, a mortality of 12 or 13 per cent., and it is probable

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GLEET SPECIFIC.—The increasing demand for my SPECIFIC FOR GLEET is in itself sufficient evidence of its real merits. One full package with formula, by mail, for $1.00. Address, **G. W. POWELL, Moriah, N.Y.**

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For $1.00 cash with order, we will send you "OUR ADVERTISER," a neat leather case carrying 100 each of the following granules: 1—Aconitine; 2—Digitalin; 3—Hyosciamine; 4—Codeine; 5—Podophyllis; 6—Strychnine Arseniate; 7—Copper Arseniate; 8—Quinine Arseniate; 9—Glonoin.

If you do not care for the case you may select any $2.00 worth of our granules, 100 of a kind, at list price for $1.00. If you wish the case filled differently you may select from our entire list at half price, count the case 50 cents and remit accordingly.

If you wish to try a larger case at first, our No. 2, 24 phials, holding 100 granules each, filled as selected by you, will be sent by mail, post paid, for $3.00.

We have been favored with the original formula of "Waugh's Laxative" granules as mentioned in his book on page 37, and shall be pleased to supply you.

1200 sugar-coated granules, with formula and full directions by Dr. Waugh, will be sent by mail, postpaid, on receipt of $1.00.

COMBINATION OFFERS:

Case No. 1, filled as above, - - -	$1 00
Waugh's Outline of Treatment with Dosimetric Granules - - -	50
1200 "Waugh's Laxative" Granules	1 00
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McArthur Hypophosphite Co

BOSTON, MASS.

that this proportion will die under any plan of treatment; but in the other cases, by following out the rules I have just laid down, I think you will obtain much better results than you can possibly do by any other method.

The cases I have shown you today, are taken promiscuously from both the hospital and dispensary, and they illustrate the worst phases of hip joint disease. Three months ago, I presented at the Academy of Medicine several cases of hip joint disease which had been treated more than two years by my method, in order to illustrate the fact that ankylosis does not result from prolonged fixation, and that no case of hip joint need recover with angular deformity. Three of these cases had perfect motion of the hip joint; one which came to us with 1½ inches shortening had almost perfect motion after fixation for 1½ years, and the shortening had not increased; all had motion to more than 20°. You will observe that in my hip splint, the shaft is extended up along the thorax to the axilla in order to secure the requisite fixation. I also lay great stress upon the importance of lateral traction in addition to traction in the line of deformity, because lateral traction, or traction in the axis of the neck of the femur, overcomes the spasm of the powerful gluteii and adductor muscles, and so prevents intra-articular pressure and the destruction of the joint consequent upon such pressure. The boy before us I think will ultimately recover, although it may be necessary after a time to open up the sinus down into the joint. Excision of the joint is a great calamity to so young a child; it should not be thought of ordinarily in a child under eight or ten years. A great many of the poor children we see here suffer from abscess, yet as an illustration of what fixation will do, I may say that as soon as we apply proper fixation, the discharge markedly diminishes, or entirely ceases, except in those very grave forms of the disease, in which the destruction of bone is so great that excision is ultimately required.

NEWS AND MISCELLANY.

THE census returns for Scotland, just issued, show that the population of the country since the census of 1881 has increased by 290,074; but the excess of births over deaths in that period was 527,492, the difference of 237,418 being accounted for by emigration. Speaking generally, the increase in population is altogether in the towns and manufacturing counties. The total population is 4,025,647 : 1,942,717 males and 2,082,930 females.

A CASE OF TRAUMATIC RUPTURE OF THE VAGINA.—Dr. H. N. Ostermayer (*Ibid.*) relates a case of this kind which he thinks is unique in medical literature. The woman fell half way down a flight of steps, striking violently against her abdomen. As a result of this traumatism a rupture of the vagina in the neighborhood of the posterior vault took place. He explains the mechanism of the occurrence as follows: The sudden force applied to the abdomen drove its contents into the pelvis making the vaginal vault exceedingly tense and in consequence of this bursting of the mucous membrane occurred. The retroflexed position of the uterus he thinks favored the foregoing result.

THE BACILLUS OF ECLAMPSIA.—The *Deutsche Medicinische Wochenschrift,* of May 12th, contains the announcement that Dr. Gerdes, first assistant in the Pathological Institute to the University of Halle, has in a severe case of eclampsia succeeded in demonstrating by culture the presence of a short bacillus in the liver, lungs and kidneys, and also in the blood. The bacillus is extremely virulent when inoculated in rats and mice, causing convulsions in the latter. In all the animals experimented on coma set in, the respiration became shallower, the body temperature became subnormal, and death occurred in a short time.

EFFIE: "That is the new doctor, and those are his children."

Maud: "How ugly his children are!"

Effie: "Well, naturally! Of course, doctors have got to keep the ugly ones themselves, you know."

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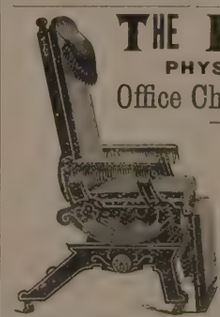

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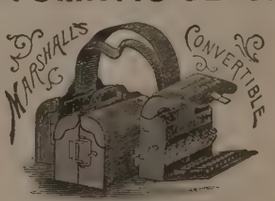

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DEFINITE CHEMICAL PRODUCTS.

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

LYSOL IN THE TREATMENT OF AURAL AFFECTIONS.—Haug (*Journal de Medecine de Paris*, iv, 2, 1892. p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of otorrhea. In cases of coexisting in flammation of the meatus and tympanic membrane, the irrigation is preceded by instillation of a few drops of a solution of forty-eight grains of cocaine hydrochlorate in a half ounce each of distilled water and alcohol. In case

CHLORALAMID.—Dr. E. Mansel Sympson (*Practitioner*, vol. xlvii, p. 274) presents the results of his experience. While praising paraldehyde, he believes sulfonal and chloralamid to be more convenient and agreeable to the patient. He recommends chloralamid for the insomnia and delirium of acute fevers, delirium tremens, nervous insomnia (dose 30 to 40 grains) Sulfonal is more powerful in mental disease, but chloralamid is better than paraldehyde in lung disease. It does not produce a necessity for larger doses, but a habit to go to sleep without it.—*Amer. Journal of Medical Sciences.*

PIPERAZIN.—Drs. Biesenthal and Albr Schmidt, (*Berliner klinische Wochenschrift*, 1892, No. 2, p. 28) conclude from clinical observations that it is more valuable than any known remedy to dissolve uric acid and its concrements; being slightly absorbed from the stomach, it reaches the substance to be dissolved practically unchanged; it is best given in dilute solution—in soda water—15 grains daily. Its taste is not unpleasant; in proportions of 1 to 500 parts of soda water it is not detected. It does not irritate mucous membranes. Its easy solubility permits subcutaneous injection into tophi A 1 or 2 per cent. solution in 1 part of spirit and 4 of water, used as a Priessnitz's compress, is valuable for gouty swellings. It acts not only upon uric acid, but also upon phosphatic and oxalic acid calculi. —*Am. Journ. Med. Sci.*

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IS THERE A PURE WHISKEY?

Physicians are so often disappointed in the quality of whiskey ordered or prescribed for patients in need of stimulants that they ask the above question many times over in the course of their professional work. We have read with so much interest an article relating to Mount Vernon Whiskey (*Pharmaceutical Era*, September 15, 1892) that we reproduce it here, believing it an affirmative answer to the question: "Is There a Pure Whiskey?" The *Era* correspondent, writing from Baltimore, says:

I visited the Mount Vernon distillery here to-day. To still further emphasize the correctness of this report, I was accompanied by Mr. John F. Hancock, a prominent manufacturing pharmacist, well known to the readers of the *Era*. We were received at the distillery, which is situated in the southern part of the city, by Mr. Horace W. White, the superintendent, and Mr. John C. White, manager of the bottling department, and under their guidance a very general and explicit view of the works was obtained. These gentlemen expressed their pleasure that our readers would receive the fullest information possible, stating that they had nothing to conceal, and definite knowledge only tended to still further enhance the high reputation of their products.

We first inspected the grain as fed into the hopper, and the meal after passing through the old-fashioned mill-stones, which method is still considered best adapted to this work. The rye used surely had the appearance of superior quality and was very clean. The formula used in preparing the mash is 45 gallons of water to every bushel of grain, which includes 11 per cent. of rye malt. This small proportion of malt is used to favor the transformation of starch into sugar in the preparation of the wort. The mash is placed in large tanks, having a capacity of 6,200 gallons each, where it is thoroughly cooked at a temperature of 154° F., and after cooling to 70° F. is lowered into the fermenter, mixed in given proportions with yeast and allowed to ferment for forty-eight hours, or until a crusty cap forms over the top. The mash is then pumped upstairs into a large wooden still, where it is boiled and the distillate collected into a copper still and entirely freed from foreign matter and the grosser particles of grain, then re-distilled and passed through a series of piping to the roof, where it is collected and condensed into a large coil tank. It is then passed into another copper still and again distilled and condensed in copper tanks, when it enters the cistern room as the finished and pure article of whiskey.

The government inspection is perfect. Two guagers and four storekeepers are constantly in charge of the works when in operation, and from the time the mash is put into the stills until it reaches the cistern room, the entire destillate passes through lock boxes and is under the supervision of these United States officials. When the time arrives for barreling, the spigot is unlocked in their presence, and as each barrel is filled the government stamps upon it the date and consecutive number. Each barrel is required to be inspected by an official before it is filled. So stringent are these government regulations that while a single quart remains in the cistern no one is allowed to enter this room unless accompanied by an Internal Revenue officer. Thus barreled and stamped under this elaborate system of precaution, the goods are placed in the bonded warehouse where they are permitted to remain three years and four months before the revenue tax is required to be paid.

The rack system of storage is employed and over five miles of piping, through which steam is continuously passing, regulates the temperature. The ventilation seems most perfect. We ascended some six or seven flights of stairs to the top of this warehouse, noticing a difference in temperature of 15° from the ground floor, and also that half barrels were stored prin-

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cipally in the three upper tiers. It is in this warehouse that the Cook & Bernheimer Co.'s whiskey is stored, and by the use of artificial heat the ripening process is continuous, and they claim that two year old goods are as well matured by this method as was formerly obtained in four to six years by the old method of storing.

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We next inspected the free warehouses and bottling department. The important feature regarding this enterprise is that the whiskies are bottled in the distillery warehouses with the permission of the Internal Revenue Department, and under the supervision of the Hannis Distilling Company, who guarantee the absolute purity of the goods as distilled by them and aged in their bonded warehouses.

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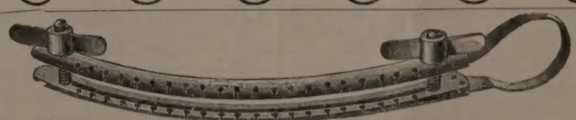

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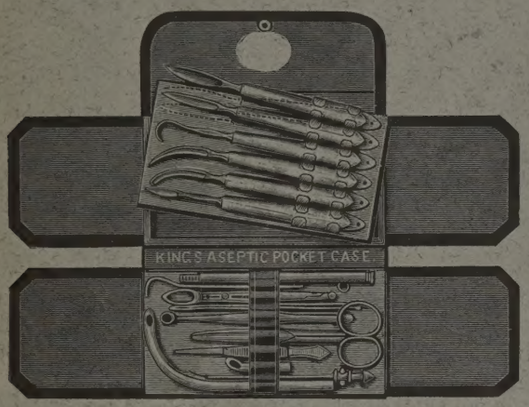

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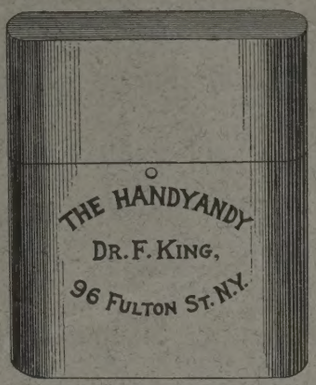

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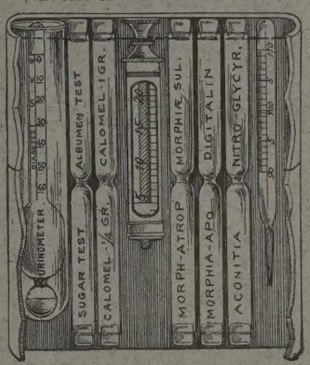

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